

WebEx Instructions

The image shows the WebEx Join Meeting interface with three numbered steps:

- Step 1:** Login fields. A blue circle with the number 1 is next to the 'Your name' field. Below it is the 'Your email address' field with '(Optional)' to its right. A 'Join Meeting' button is below the email field. To the right of the button is a 'Join by' dropdown menu. Below the button is a link 'More ways to join'.
- Step 2:** Audio Connection options. A blue circle with the number 2 is next to a telephone handset icon. Below the icon is the text 'Connect to Audio' and a 'More Options' link. To the right of the icon is the 'Audio Connection' section with three options: 'Call Me' (with a telephone handset icon and the text 'The meeting will call you.'), 'I Will Call In' (with a telephone handset icon), and 'Call Using Computer' (with a computer monitor icon and a 'Change settings' link).
- Step 3:** Audio Connection dialog box. A blue circle with the number 3 is next to a dialog box titled 'Audio Connection'. The dialog box contains three steps: 1. Call (with toll-free numbers 1-877-668-4493 and 1-650-479-3208, and a link 'All global call-in numbers'), 2. Enter this access code: (with a '#' symbol), and 3. Enter your Attendee ID: (with a '#' symbol).

1. When logging in, please include a first name and initial of your last name.
2. Once you have logged in, please select “Connect to Audio” and select any of the three options under “Audio Connection”.
3. If you select “I Will Call In”, please follow the instructions and enter your Attendee ID.

Ask questions in two ways:

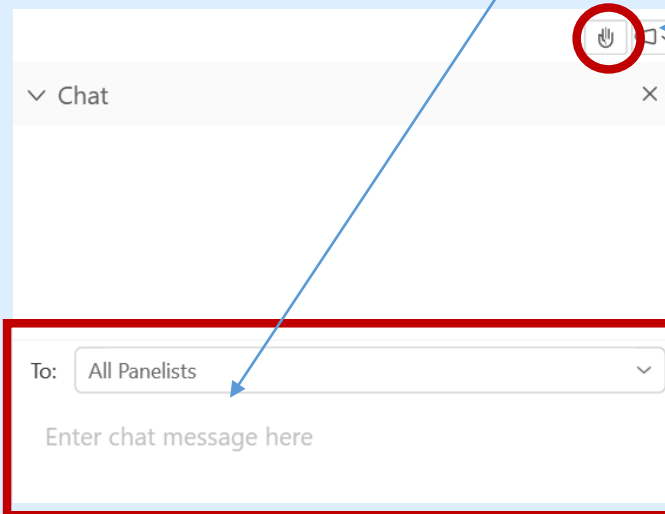
1. Submit questions through the chat.

If the chat box does not automatically appear on the screen's right panel, hover over the bottom of your screen and click the chat bubble icon, circled in red.

2. 'Raise your hand' to ask a question through your audio connection.

Once we see your hand raised, we will call on you and unmute your line.

Please introduce yourself and let us know what organization you are from.



Prepared by Public Consulting Group

Email njdsrip@pcgus.com with any additional questions.



Warm Up Poll

Which is your favorite NJ band/singer?

- a. Bon Jovi
- b. Bruce Springsteen**
- c. Lauryn Hill
- d. Frankie Valli (The Four Seasons)
- e. Whitney Houston

Winner!



STATE OF NEW JERSEY

DEPARTMENT OF HEALTH

The mission of the Department of Health is to improve health through leadership and innovation.

NJ DSRIP April 2019 Webinar

April 09, 2019

Today's Speakers:

- Emma Trucks, PCG

Clara Maass Medical Center

- Lori Willmot, MS, MBA
(Director Nursing Finance and Special Projects)
- Jackielou Ferrer-Labbao, RN
- Madonna Merene, RN, BSN
(Transitional Care Coordinators)

Office of Healthcare Financing

Robin Ford, MS
Executive Director

Michael D. Conca, MSPH
Health Care Consultant

Alison Shippy, MPH



Prepared by Public Consulting Group

- **By the end of this webinar, participants will be able to:**
 1. Interpret the specifications for DSRIP 03: *30-Day All-Cause Readmission Following Heart Failure (HF) Hospitalization*.
 2. Learn some successful strategies to address DSRIP 03.
 3. State all materials due on April 30th for DSRIP program.
 4. Identify new measures available in the performance dashboard.
 5. Discuss the opportunity to present on future webinars with your DSRIP team.

1. DSRIP 03 Specification Review: *30-Day All-Cause Readmission Following Heart Failure (HF) Hospitalization*
2. Hospital Presentation on DSRIP 03
3. April 30th Deadline Review
 - SRW, MVT, DY7 SA2 Progress Report, DY8 Annual Report
4. Dashboard Update – DY7 SA1 additional measures
5. Future Webinar Call for Presentations
6. Q&A
7. Evaluation

Measure Review

DSRIP 03: 30-Day All-Cause Readmission Following Heart Failure (HF) Hospitalization

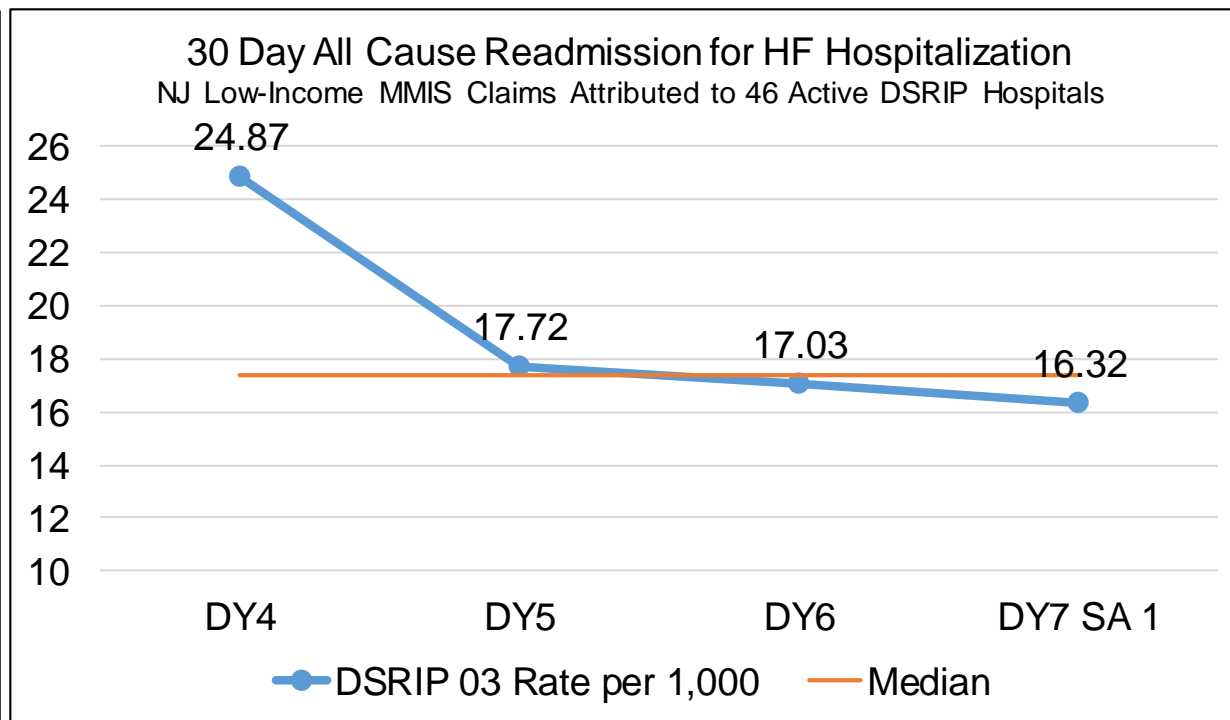
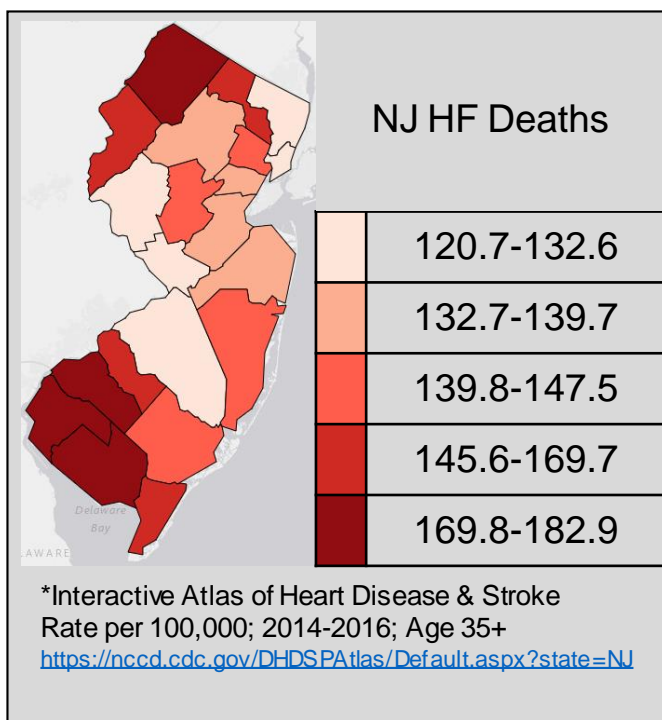
Measure Description and Context

DSRIP 03 Description

30-day all cause readmission rate following heart failure (HF) hospitalization.

Public Health Context

- NJ HF death rate better than US according to CDC data from 2016 (141.1 vs. 168.6)*
- HF death rate varies by NJ county*
- NJ Low-Income Pop. HF readmission rate improved since DY4 universal reporting



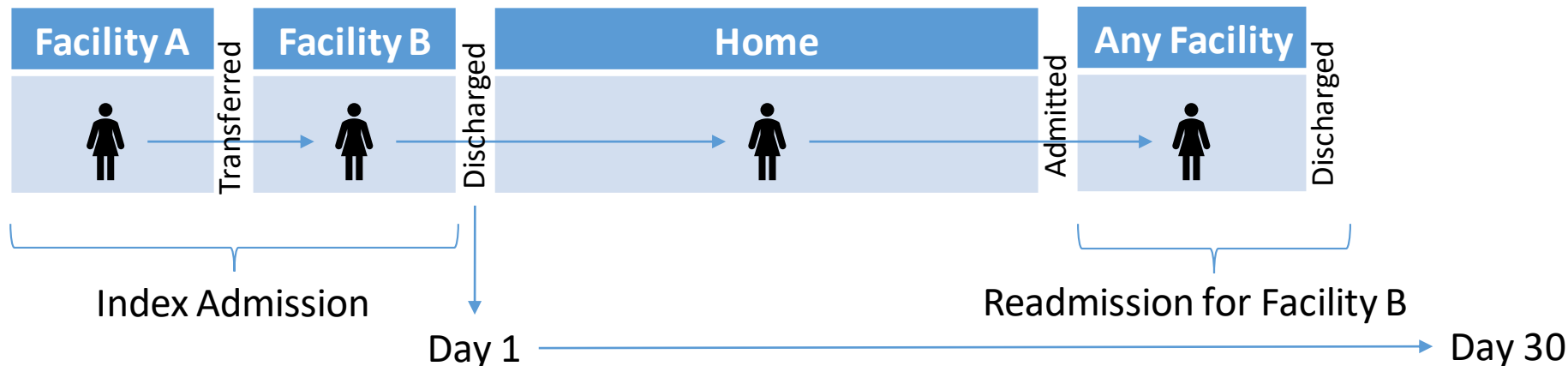
Description Cont.

Numerator: # unplanned discharges in 30 days post index discharge for patients who have been members of the NJ Low-Income Population for 365 days prior through 30 days after index discharge.

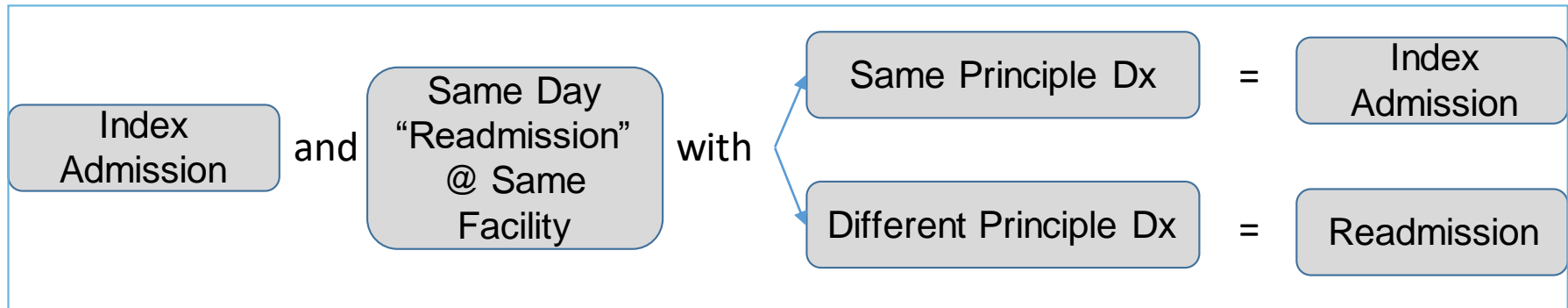
Denominator: # of discharges with acute admission with HF as principle diagnosis.

Exclusions

- Patients who die during index HF admission
- Patients discharged against medical advice
- Patients who transfer from your acute care facility to another acute care facility (ie. admission to another acute care facility within 1 day of discharge)



Other Logic to Note



If there are multiple unplanned discharges within 30 days after index admission discharge, only 1st is considered a readmission.

An unplanned admission within 30 days but taking place after a planned admission – not considered readmission.



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Clara Maass Medical Center: 30-Day All-Cause Readmission Following Heart Failure (HF) Hospitalization

Today's Speakers:

Lori Willmot, MS, MBA Director Nursing Finance and Special Projects

Jackielou Ferrer-Labbao, RN Transitional Care Coordinator

Madonna Merene, RN, BSN Transitional Care Coordinator



Clara Maass Medical Center & Team

The Medical Center

Clara Maass Medical Center is located in Belleville, part of RWJBarnabas Health System, a 465 bed community hospital.



The Team

Transitional Care Team (Nurses & NP) works closely with all disciplines in & outside the Hospital to coordinate safe discharge to avoid unnecessary readmissions.



Clara Maass DSRIP 03 Background

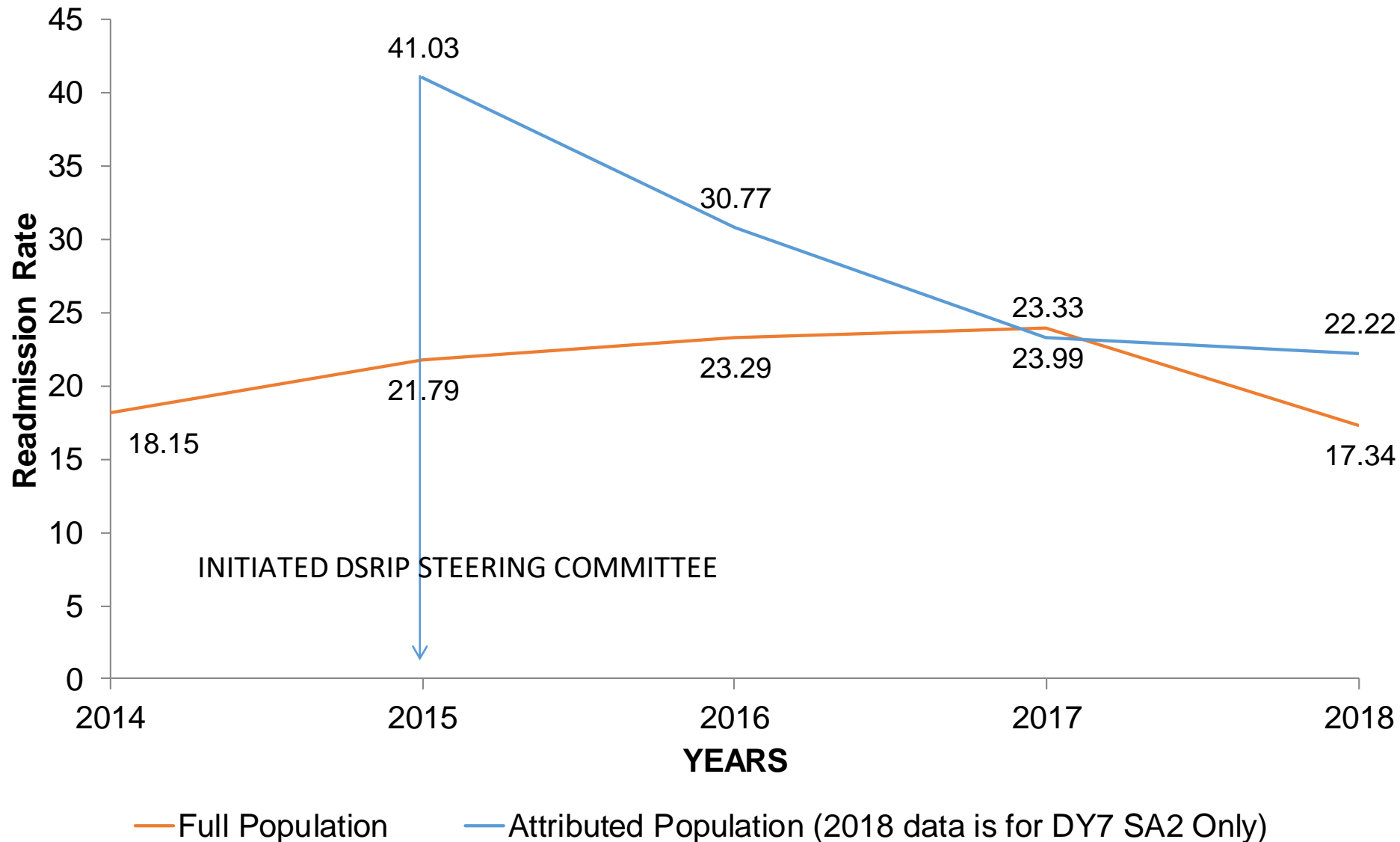
Quality Project Context

Project	DY1-3	DY4-6
<ul style="list-style-type: none">• Care transition intervention model to reduce 30 day readmissions for chronic cardiac conditions.• Significant opportunities to improve health outcomes and reduce cost	<ul style="list-style-type: none">• Essex County had one of the highest All-Cause Re-Hospitalization rate in NJ (21% compared to 18%).• Essex County residents have a significantly higher age adjusted mortality rate for heart disease than national benchmarks	<ul style="list-style-type: none">• Readmission Rates for AMI and HF started to show improvement in DY5 and DY6• DY7 our Readmission Rates are below the targets set by Corporate.

Clara Maass Improvement Strategy to Reduce Readmissions

- Engage Key Stakeholders
 - Formed Monthly DSRIP Steering Committee
 - Formed a Resource Team for Transitional Care/Case Management
 - Provide education & raise awareness of program & available resources
- Patient Flagging/Tracking
- Intensive Case Management
 - Coleman Model
 - DSRIP population vs population at large
- Next Steps
 - Resource Team –
 - We started with the internal Multi-Disciplinary Team and Plan to expand to the SNF's, Dialysis and Home Care Agencies.

Performance



DSRIP PROGRAM UPDATES

Reporting Deadline



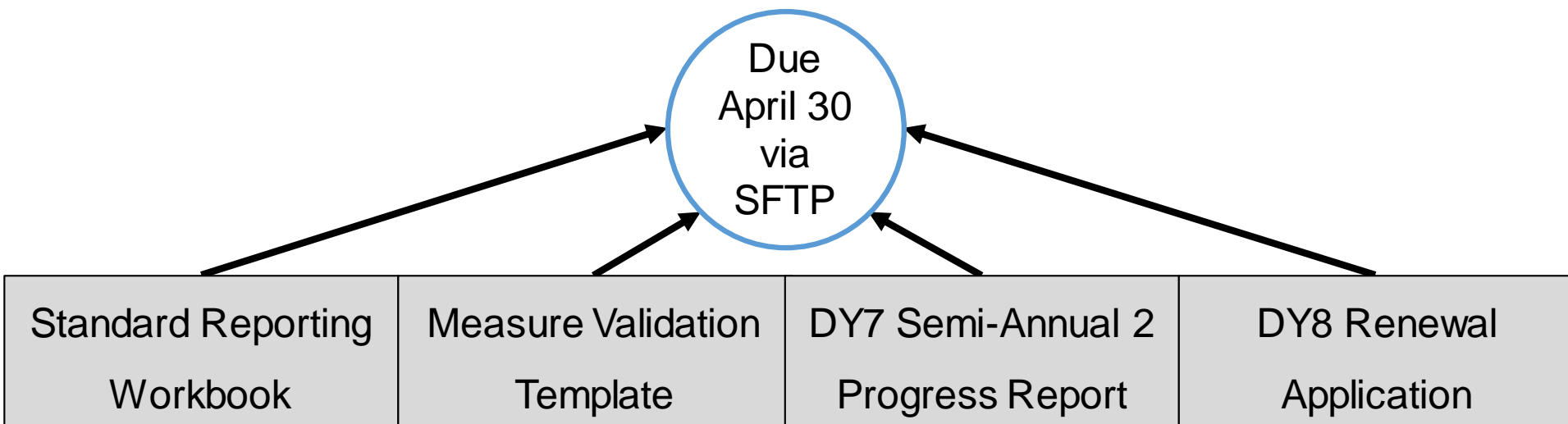
Newsletter Poll

DOH began circulating a monthly program newsletter in February to the entire DSRIP contact list.

Have you been reviewing these newsletters each month?

- a. Yes (76%)
- b. No (24%)

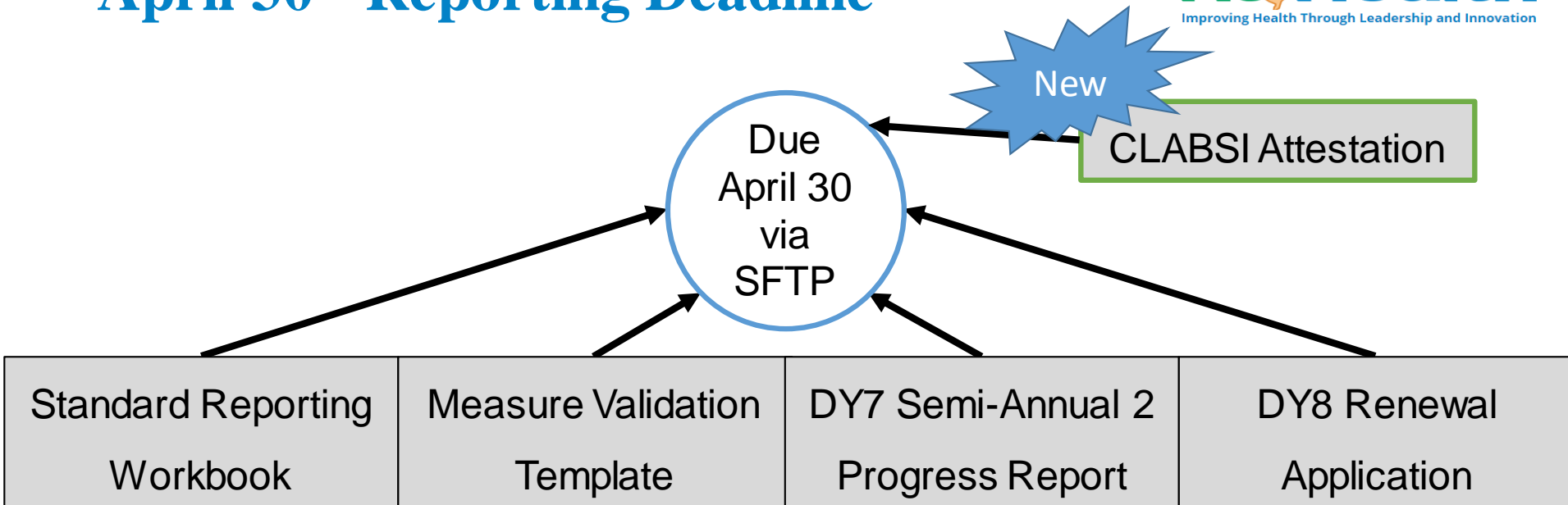
April 30th Reporting Deadline



Helpful Tips

1. Link to SFTP and SFTP user guide: <https://dsrip.nj.gov/Resources.html>
2. February/March webinars review report details: <https://dsrip.nj.gov/LC.html>
3. PDSA Action plan worksheet from In-Person Learning Collaborative can help answer question #5 on progress report

April 30th Reporting Deadline



Helpful Tips

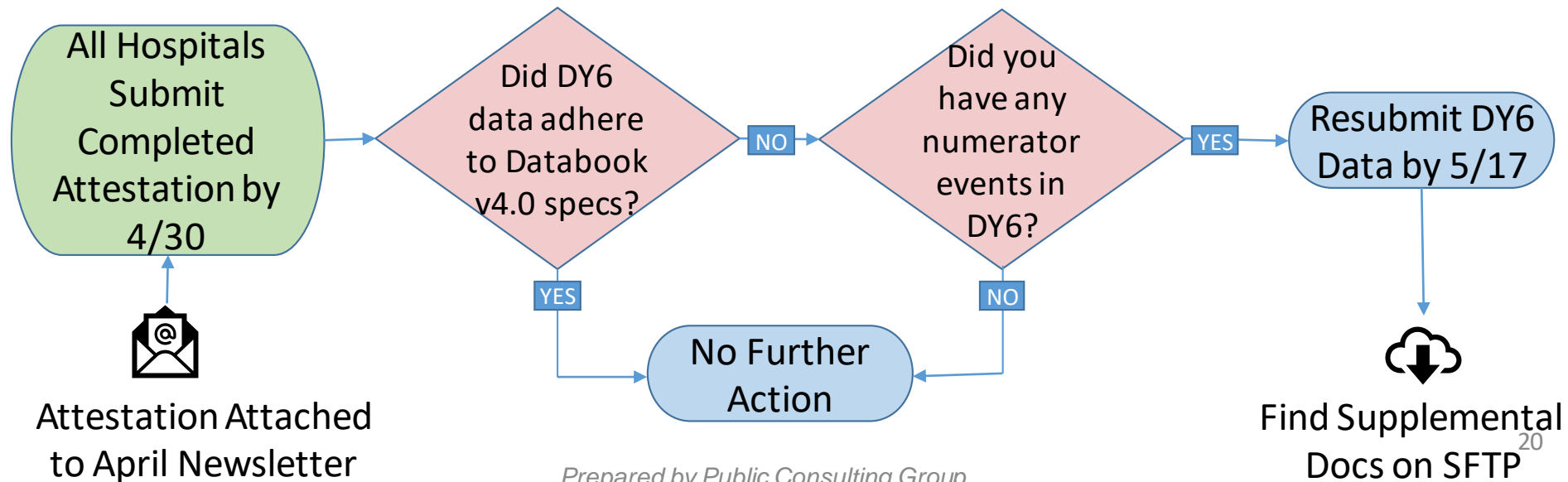
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CLABSI Attestation (DSRIP 21 and 63)

Why?

- Some hospitals reported DY6 CLABSI results that do not comply with reporting requirements in Databook v4.0
- CLABSI reporting requirements consistent in Databook v4.0, v4.1 and v5.0.
- Hospitals must report DY7 CLABSI data according to Databook v5.0 specs.
- DY6 data correction needed to enable performance trending for payment.

How





Dashboard Poll

Have you accessed the DSRIP Performance Dashboard to review DY7 SA1 yet?

- a. Yes
- b. No

Did not ask poll

Performance Dashboard



Dashboard Poll

Have you accessed the DSRIP Performance Dashboard since March's webinar to review DY7 SA1?

- a. Yes
- b. No


Did not ask poll

- 22 Measures already included in DY7 SA1 update: 1-3, 5-7, 13, 14, 20, 27, 28, 32, 34, 42, 66, 67, 81, and 88.
- New DY7 SA1 measure data added for: 8, 60, 62, 83
- All DY7 SA 1 Data now aiming to be live in dashboard by the end of April.
- Attribution for DY7 SA1 data matches that from your recent attribution rosters.
- DY7 SA1 performance results only reflect claims from January 1, 2018 – June 30, 2018.

Resources

1. Dashboard Tutorials: <https://dsrip.nj.gov/Training.html>

Finding New Data on the Dashboard



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Delivery System Reform Incentive Payment (DSRIP)

The Delivery System Reform Incentive Payment (DSRIP) Program is one component of the New Jersey's Comprehensive Medicaid Waiver as approved by the Centers for Medicare & Medicaid Services (CMS). DSRIP is a demonstration program designed to result in better care for individuals (including access to care, quality of care, health outcomes), better health for the population, and lower costs by transitioning hospital funding to a model where payment is contingent on achieving health improvement goals.

Hospitals may qualify to receive incentive payments for implementing quality initiatives within their community and achieving measurable, incremental clinical outcome results demonstrating the initiatives' impact on improving the New Jersey health care system.

The DSRIP program supports the Healthy New Jersey 2020 vision: *"For New Jersey to be a state in which all people live long, healthy lives."*

Announcements


News

New Jersey Department of Health Program Announcement


Next DSRIP Webinar on April 9th, 2019 @ 3pm

Webex information and agenda to be circulated before event. Recording, slides and Q&A from March 2019 webinar now posted in [learning collaborative](#) webpage.

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< Performance Overview Stage 2 Quality Improvement Project Measures Population Focused Improvement Measures Universal Performance Pool Measures Sandbox >

Hospital Sandbox

Create your own data visualization for individual measures.

Hospital Name
CentraState Medical Center


Measure Name
CD4 T-Cell Count

Measure Stage
Stage 3


Stratification
N/A

Goal Line (Adjustable)
100.00

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This is the sandbox section of the dashboard

NJ DSRIP Dashboard

<Performance OverviewStage 2 Quality Improvement Project MeasuresPopulation Focused Improvement MeasuresUniversal Performance Pool MeasuresSandbox>

Hospital Sandbox

Create your own data visualization for individual measures.

Hospital Name
CentraState Medical Center

Measure Name
CD4 T-Cell Count

Measure Stage
Stage 3

Stratification
N/A

DSRIP ID	Measure Name	Improvement Direction	Numerator	Denominator
20	CD4 T-Cell Count	Higher	The number of HIV-infected patients who had 2 or more CD4 T-cell counts performed at least 3 months apart during the measurement year. (Appendix A-153)	Of the hospital's attributable New Jersey Low Income population, those HIV-infected patients (Appendix A-154) who had a medical visit (Appendix A-357) with a provider with prescribing privileges, (i.e. MD, NP) at least once during the measurement year.

Goal Line (Adjustable)
100.00

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NJ DSRIP Dashboard

<

Performance Overview

Stage 2 Quality Improvement Project Measures

Population Focused Improvement Measures

Universal Performance Pool Measures

Sandbox

>

Hospital Sandbox

Create your own data visualization for individual measures.

Hospital Name

CentraState Medical Center

(All)

Anthony M Yelencsics JFK Medical Center
AtlantiCare Regional Medical Center
Cape Regional Medical Center
Capital Health Medical Center - Hopewell
Capital Health Regional Medical Center
CarePoint Health - Bayonne Medical Center
CarePoint Health - Christ Hospital
CarePoint Health - Hoboken University Medical Center
CentraState Medical Center
Chilton Medical Center
Clara Maass Medical Center
Community Medical Center
Cooper University Health Care
East Orange General Hospital

Measure Name

CD4 T-Cell Count

Stratification

N/A

Numerator

Denominator

Of the hospital's attributable New Jersey Low Income population, those HIV-infected patients (Appendix A-154) who had a medical visit (Appendix A-357) with a provider with prescribing privileges, (i.e. MD, NP) at least once during the measurement year.

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Select your hospital from the drop down

Performance Overview Stage 2 Quality Improvement Project Population Focused Improvement Measures Universal Performance Pool Measures Sandbox

Hospital Sandbox

Create your own data visualization for individual measures.

Hospital Name: **CentraState Medical Center**

Measure Name: **CD4 T-Cell Count**

Stratification: **N/A**

Numerator	Denominator
Infected patients who cell counts performed at least once during the measurement year (Appendix A-153)	Of the hospital's attributable New Jersey Low Income population, those HIV-infected patients (Appendix A-154) who had a medical visit (Appendix A-357) with a provider with prescribing privileges, (i.e. MD, NP) at least once during the measurement year.

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Select your hospital from the drop down

Performance Overview Stage 2 Quality Improvement Project Population Focused Improvement Measures Universal Performance Pool Measures Sandbox

Hospital Sandbox

Create your own data visualization for individual measures.

Hospital Name
CentraState Medical Center

Measure Name
CD4 T-Cell Count


Stratification
N/A


Numerator	Denominator
Of the hospital's attributable New Jersey Low Income population, those HIV-infected patients who had a medical visit (Appendix A-154) who had a medical visit (Appendix A-357) with a provider with prescribing privileges, (i.e. MD, NP) at least once during the measurement year.	

(All)
Anthony M Yelencsics JFK Medical Center
AtlantiCare Regional Medical Center
Cape Regional Medical Center
Capital Health Medical Center - Hopewell
Capital Health Regional Medical Center
CarePoint Health - Bayonne Medical Center
CarePoint Health - Christ Hospital
CarePoint Health - Hoboken University Medical Center
CentraState Medical Center
Chilton Medical Center
Clara Maass Medical Center
Community Medical Center
Cooper University Health Care
East Orange General Hospital

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Hospital Sandbox
Create your own data visualization for individual measures.

Hospital Name: Clara Maass Medical Center


Measure Name: 30-Day All-Cause Readmission Following Heart Failure (HF) Hospitalizati...


(All)

- 30-Day All-Cause Readmission Following Acute Myocardial Infarction (AMI) Hospitalization
- 30-Day All-Cause Readmission Following Chronic Obstructive Pulmonary Disease (COPD) Hospitalization
- 30-Day All-Cause Readmission Following Heart Failure (HF) Hospitalization
- 30-Day All-Cause Readmission Following Pneumonia (PN) Hospitalization
- Adherence to Chronic Medications for People with Diabetes Mellitus: Hypoglycemic agents
- Adherence to Chronic Medications for People with Diabetes Mellitus: Statins
- Adolescent Well-Care Visit
- Adult Asthma Admission Rate
- Adult BMI Assessment
- Ambulatory Care – Emergency Department Visits
- Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy for Left Ventricular Systolic Dysfunction
- Antenatal Steroids
- Antidepressant Medication Management – Effective Acute Phase Treatment

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Hospital Sandbox

Create your own data visualization for individual measures.

Hospital Name:

Measure Name:

(All)

- 30-Day All-Cause Readmission Following Acute Myocardial Infarction (AMI) Hospitalization
- 30-Day All-Cause Readmission Following Chronic Obstructive Pulmonary Disease (COPD) Hospitalization
- 30-Day All-Cause Readmission Following Heart Failure (HF) Hospitalization
- 30-Day All-Cause Readmission Following Pneumonia (PN) Hospitalization
- Adherence to Chronic Medications for People with Diabetes Mellitus
- Adherence to Chronic Medications for People with Diabetes Mellitus
- Adolescent Well-Care Visit
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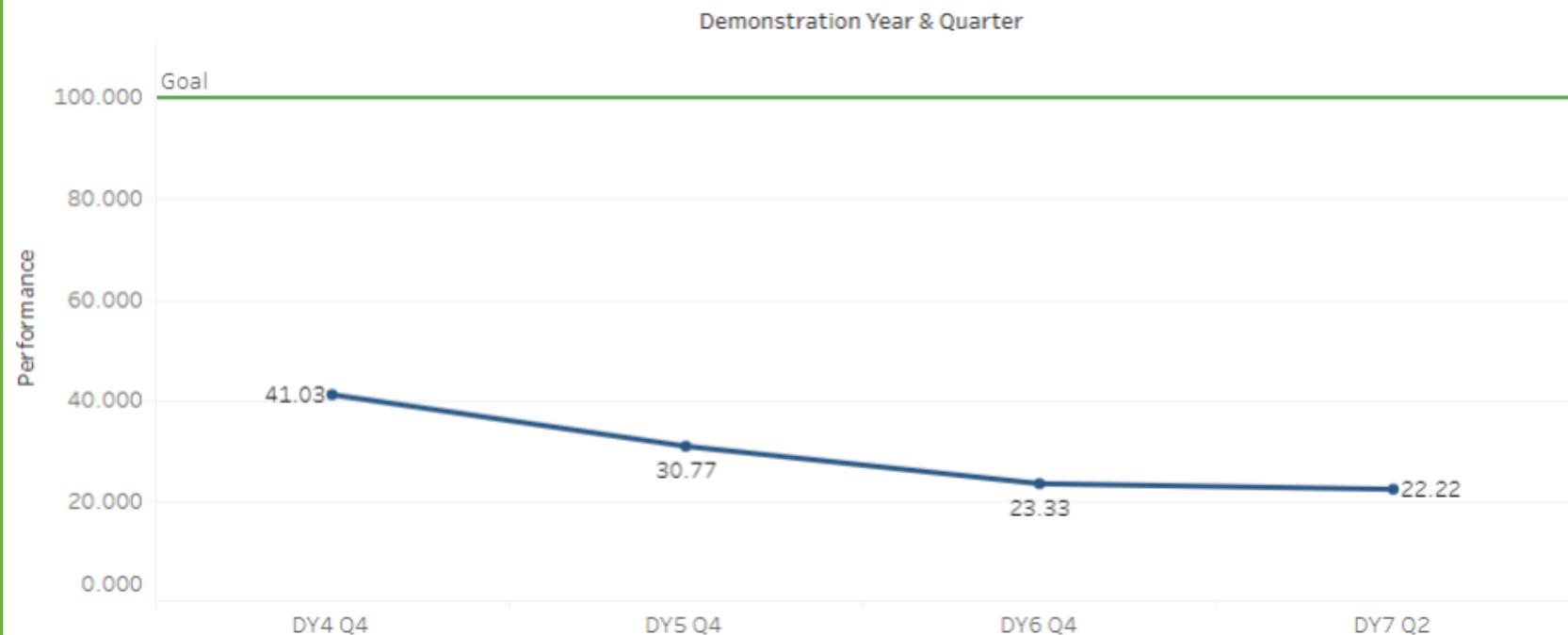
I selected DSRIP 3: 30 Day All-Cause Readmission Following HF

Finding New Data on the Dashboard

Now that you've made your selections, you should be able to scroll down and view the chart.

DSRIP ID	Measure Name	Improvement Direction	Denominator
3	30-Day All-Cause Readmission Following Heart Failure (HF) Hospitalization	Lower	The number of unplanned 30-day all-cause readmissions from the date of discharge having a principle diagnosis of heart failure (HF) admission (Appendix A-344).
Goal Line (Adjustable)			
100.00			

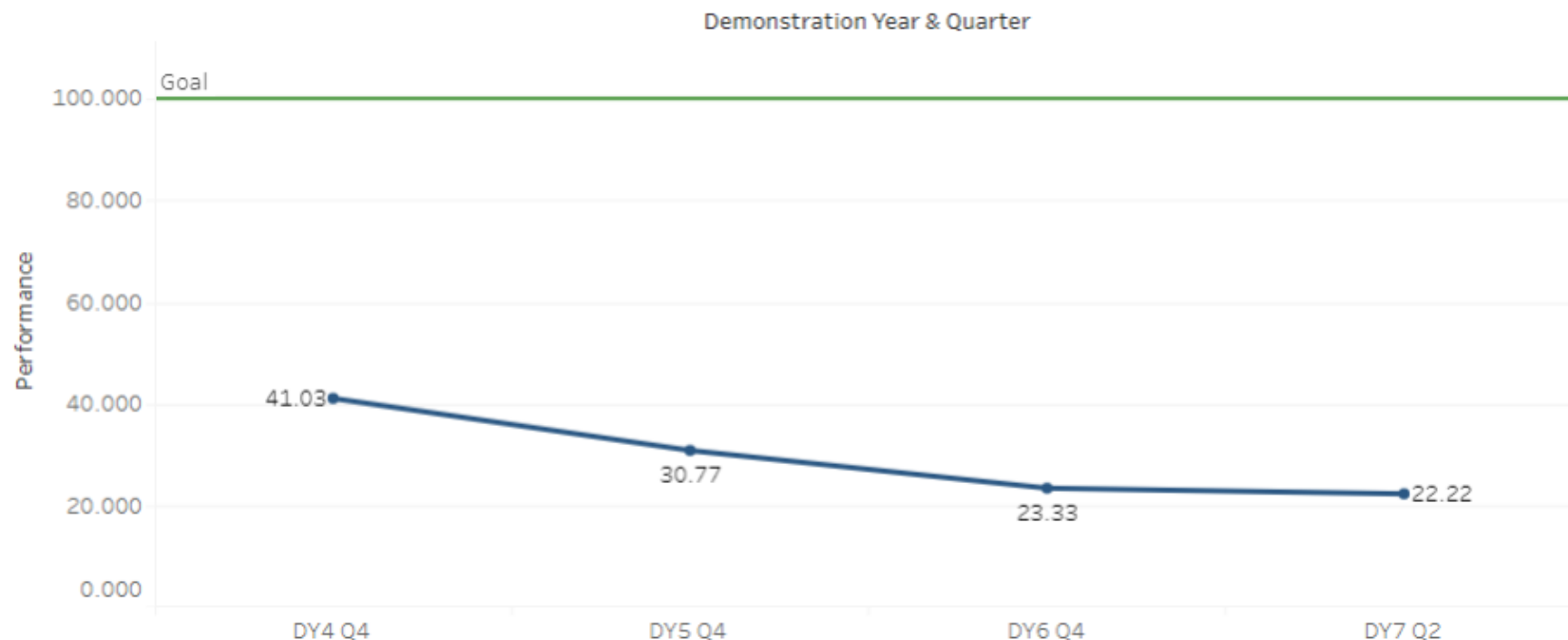
30-Day All-Cause Readmission Following Heart Failure (HF) Hospitalization



Finding New Data on the Dashboard

DSRIP ID	Measure Name	Improvement Direction	Numerator	Denominator
3	30-Day All-Cause Readmission Following Heart Failure (HF) Hospitalization	Lower	The number of unplanned 30-day all-cause readmissions from the date of discharge having a principal diagnosis of heart failure (HF) admission (Appendix A-344).	Of the hospital's attributed New Jersey Low Income population, the total number of hospital discharges with an acute admission having a principal diagnosis of heart failure (HF) (Appendix A-344).
Goal Line (Adjustable)		<p>Note that the improvement direction is "lower", so we need to adjust the goal line</p>		
100.00				

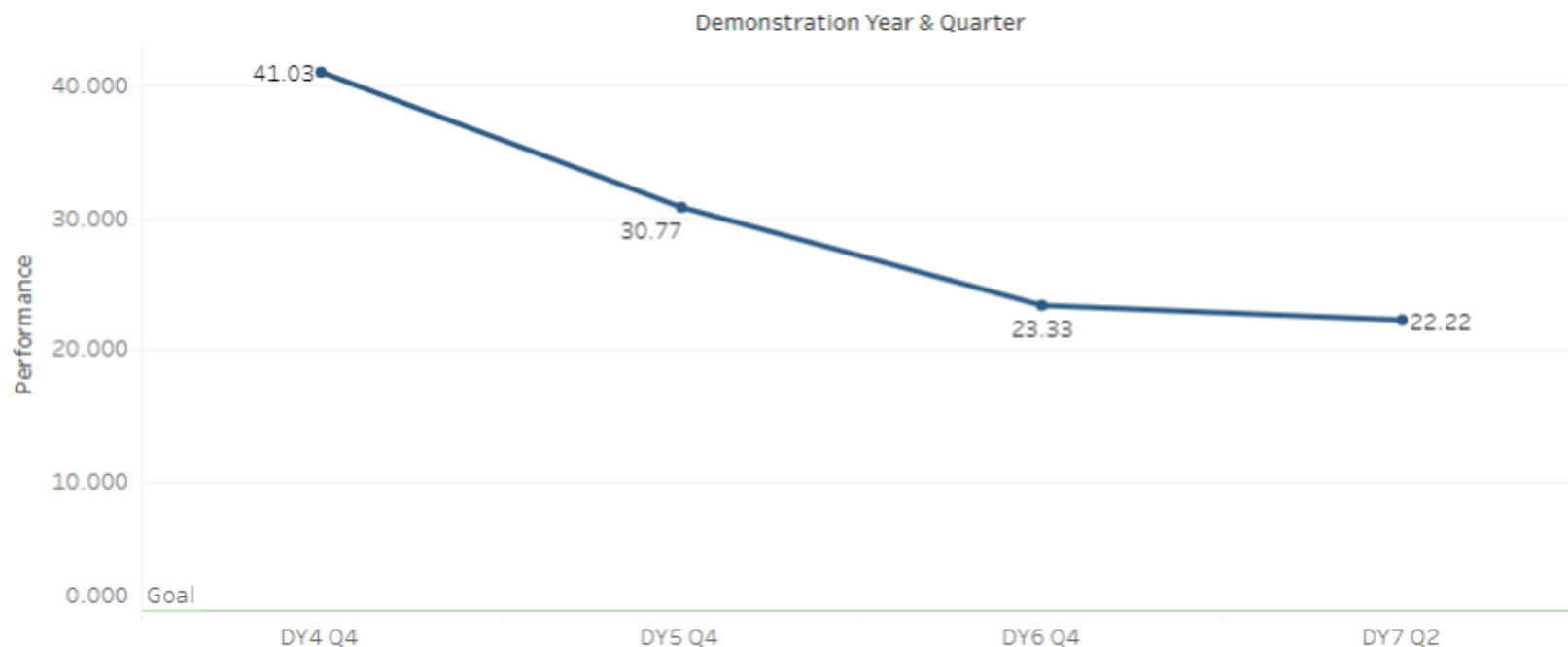
30-Day All-Cause Readmission Following Heart Failure (HF) Hospitalization



Finding New Data on the Dashboard

DSRIP ID	Measure Name	Improvement Direction	Numerator	Denominator
	Planned 30-day all-cause readmissions from the date of discharge having a principle diagnosis of heart failure (HF) admission (Appendix A-344).	Lower	Of the hospital's attributed New Jersey Low Income population, the total number of hospital discharges with an acute admission having a principal diagnosis of heart failure (HF) (Appendix A-344).	
Goal Line (Adjustable)				
0.00				

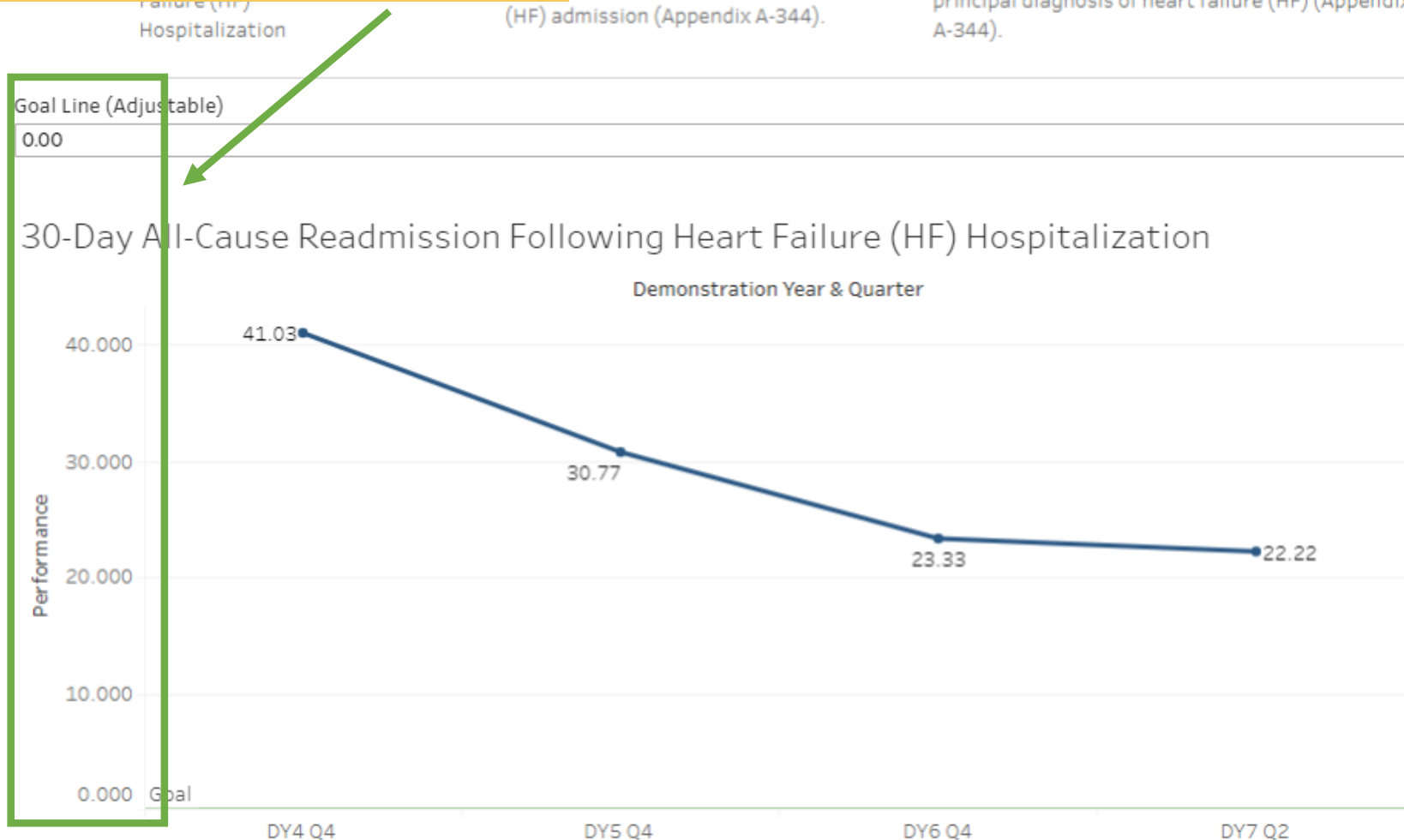
30-Day All-Cause Readmission Following Heart Failure (HF) Hospitalization



Finding New Data on the Dashboard

DSRIP ID	Measure Name	Improvement Direction	Numerator	Denominator
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Notice that the y-axis automatically adjusted to best reflect the values on the chart.



Finding New Data on the Dashboard

Notice the DY7 Q2 (aka. Semi-annual 1) data is appearing for this measure.

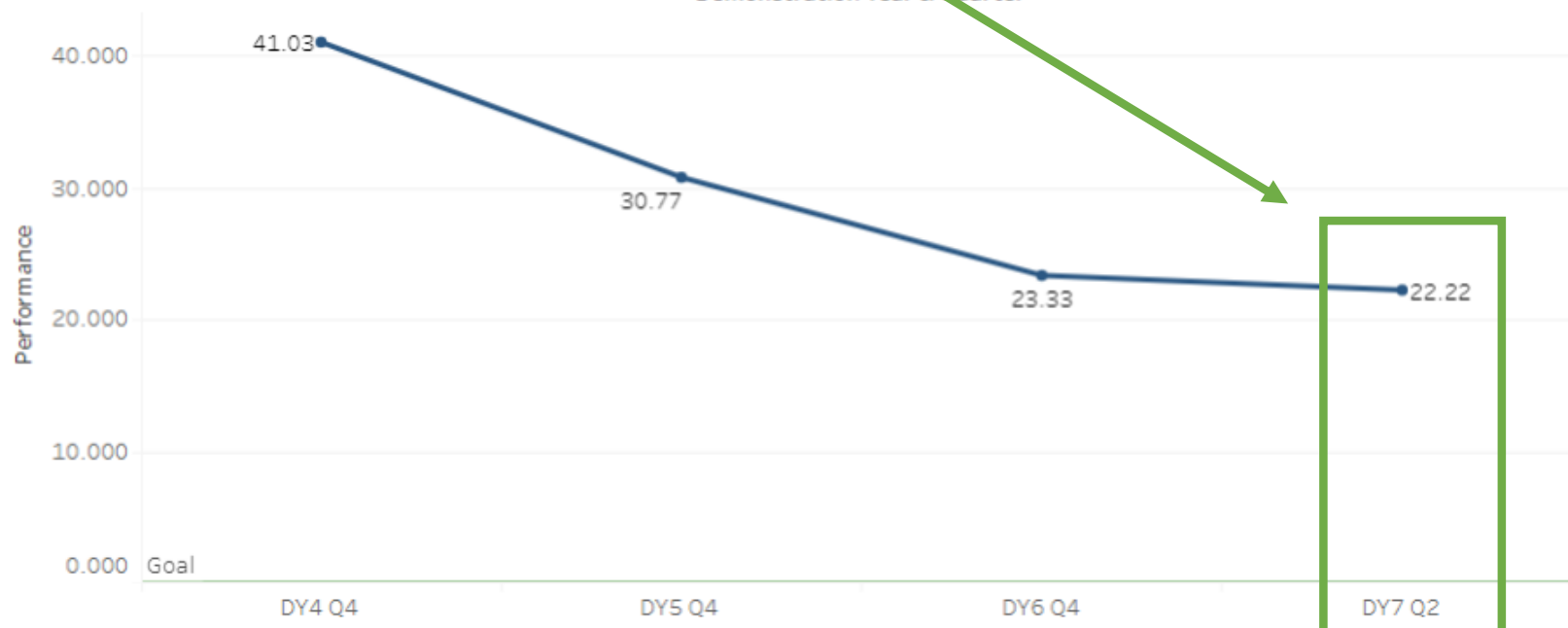
DSRIP ID	Measure Name	Improvement Direction	Numerator	Denominator
	30-day all-cause readmissions from the date of discharge having a principle diagnosis of heart failure (HF) admission (Appendix A-344).			Of the hospital's attributed New Jersey Low Income population, the total number of hospital discharges with an acute admission having a principal diagnosis of heart failure (HF) (Appendix A-344).
	30-day all-cause readmissions from the date of discharge having a principle diagnosis of heart failure (HF) admission (Appendix A-344).			

Goal Line (Adjustable)

0.00

30-Day All-Cause Readmission Following Heart Failure (HF) Hospitalization

Demonstration Year & Quarter



Call for Presentations!

Measure Name	DSRIP #
Heart Failure Admission Rate	45
COPD Admission Rate	32
30-Day All-Cause Readmission Following Acute Myocardial Infarction (AMI) Hospitalization	1
Ambulatory Care – Emergency Department Visits	8
Percentage of Live Births Weighing Less Than 2,500 grams	67

What to Expect

- Order of topics to be based on presentation interest.
- Presentations may range from 5-15 minutes.
- Depending on interest, presentations may be single hospital or panel.
- DSRIP Team will assist you craft and prepare presentation.
- Content can be based on reporting practices or improvement strategies.
- Share hard work, best practices, and successes with your DSRIP colleagues!



Q & A

Ask questions in two ways:

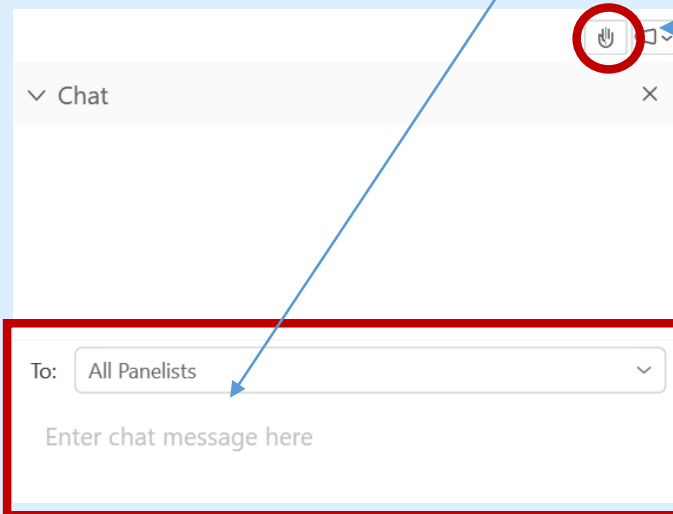
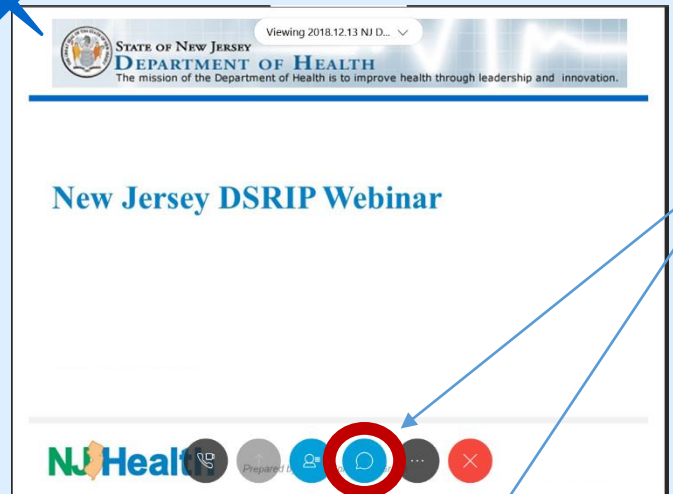
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2. 'Raise your hand' to ask a question through your audio connection.

Once we see your hand raised, we will call on you and unmute your line.

Please introduce yourself and let us know what organization you are from.



Prepared by Public Consulting Group

Email njdsrip@pcgus.com with any additional questions.

- **Please answer the following evaluation questions**
 1. How would you rate this activity?
5 = Excellent; 1 = Very Poor
 2. Did you feel that this webinar's objectives were met?
 - Interpret the specifications for DSRIP 03 - 30-Day All-Cause Readmission Following Heart Failure (HF) Hospitalization
 - Learn some successful strategies to address DSRIP 03
 - State all materials due on April 30th for DSRIP program.
 - Identify new measures available in the performance dashboard
 - Discuss the opportunity to present on future webinars with your DSRIP team.
 3. Please provide suggestions to improve our measure specification review.
 4. Please provide suggestions on how to improve this educational session.